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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/550,193			ing Date 10/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A			N/A		1	N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A]	N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x s =		OR	x s =		
IND (37	CFR 1.16(h))	IS	minus 3 = *			•		X \$ =]	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractic 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	09/19/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR	* 11	Minus	20		= 0	П	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	÷ 1	Minus	3		- 0	П	X \$110 =	0	OR	X 8 =		
	Application Size Fee (37 CFR 1.16(s))									П			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,160))		Minus			-	П	X \$ =		OR	X \$ =		
≥	Independent (37 OFR 1 16(h))		Minus	***		-	П	X \$ =		OR	X \$ =		
Ξ	Application Size Fee (37 CFR 1.16(s))						П]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR			
										OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". "The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.												

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